

# 2005-06 CIGNA Prescription Drug List

*Three-Tier Plan*



## *How Your Prescription Drug Plan Works*

To help you fill your prescriptions, CIGNA prescription drug plans provide access to more than 52,000 national and independent pharmacies. Our prescription drug plans also enable you to conveniently order your prescriptions online, over the phone or through the mail with the CIGNA Tel-Drug Home Delivery Pharmacy. Check your plan materials to learn more about how CIGNA Tel-Drug can help you.

To help you manage your out-of-pocket costs for prescription drugs, the enclosed CIGNA Prescription Drug List is designed to help you understand how much you'll pay for prescription medications by separating drugs into Generic, Preferred Brand, and Non-Preferred Brand categories. The list offers a wide selection of drugs in each coverage category, providing the options you need to manage your costs effectively.



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## YOUR THREE-TIER PRESCRIPTION DRUG PLAN

*If your CIGNA plan materials and ID card show three copayment or coinsurance levels for the prescription drug plan, you are being offered a three-tier plan. A three-tier prescription drug plan divides medications into three categories or tiers:*

**Generic (first tier) drugs:** A Generic drug has the same active ingredients, safety, dosage, quality and strength as its brand drug counterpart and is sold under the chemical or scientific name for the drug. These medications are typically covered at the Generic copayment or coinsurance level under a three-tier plan and typically cost less than brand drugs.

**Preferred Brand (second tier) drugs:** Preferred Brand drugs are those which generally have no generic equivalent and are either more effective than other drugs in the same class or are equally effective but less costly than the other drugs. These medications are typically covered at the Preferred Brand copayment or coinsurance level under the plan.

**Non-Preferred Brand (third tier) drugs:** Non-Preferred Brand drugs are those which generally have generic equivalents and/or have one or more Preferred Brand options within the same drug class. These medications are typically covered at the highest copayment or coinsurance.

### *Getting the Most From Your Prescription Drug Plan*

The cost of prescription medications is on the rise. Fortunately, there are tools available to help you manage your costs and make the choices that are right for you. By visiting **myCIGNA.com**, you will find tools to help you research and compare thousands of different drugs and learn more about your drug treatment options before you visit your doctor.

### *Minimums, Maximums and Deductibles*

Some plans may also have minimum or maximum out-of-pocket amounts that apply to your payments, or a deductible\* (fixed dollar amount) that you must meet before coverage will begin with your prescription drug plan. Please check your enrollment materials to determine your specific prescription drug coverage and exclusions.

*\* If your plan has a deductible, you will need to satisfy the deductible before your prescription drug plan copayments or coinsurance amounts apply.*

### *Prior Authorization for Some Medications*

For certain medications or doses, your doctor may need to contact CIGNA to request prior authorization for coverage of your prescription under the plan. To determine if prior authorization is required for your prescription medication, refer to the box labeled "Understanding the CIGNA Prescription Drug List."

### *Home Delivery of Your Prescriptions*

The CIGNA Tel-Drug Home Delivery Pharmacy Program is a valuable plan feature, designed especially for those who take prescription medications regularly. It offers the convenience of home delivery of up to a 90-day supply of your medication at no additional charge. You may also save on prescriptions filled through CIGNA Tel-Drug based on the specific plan you are being offered. Refer to your plan materials for details. Typical delivery time for new prescriptions is 7-14 days from the time complete order information is received. For more information on CIGNA Tel-Drug, call us toll-free at 1.800.835.3784.

### *If You Have Questions*

We're here to help. Just call CIGNA Member Services at the 800 number on your ID card if you have a question about CIGNA prescription drug benefits or visit our web site, **cigna.com**.

## UNDERSTANDING THE CIGNA PRESCRIPTION DRUG LIST

The drugs contained within this list represent the most frequently prescribed medications. If you don't see a specific drug listed in this document, a complete list of medications and their coverage categories can be found on [cigna.com](http://cigna.com) by clicking on "Drug Lists/Ordering" under "Popular Links."

Medications newly approved by the U.S. Food and Drug Administration will be classified as Non-Preferred until reviewed by the CIGNA Pharmacy and Therapeutics Committee, a committee of independent physicians and pharmacists that reviews new drugs for safety and efficacy.

For details on which medications are specifically covered under your plan, please visit [mycigna.com](http://mycigna.com) or refer to your plan enrollment materials.

### Symbol Key\*

- PA: Prior Authorization may be required — your doctor must obtain prior approval for you to receive coverage for this drug.
- QL: Quantity Limit may apply — you may only obtain coverage for a limited amount of this drug.
- AGE: Age Requirement may apply — you may be required to be in a pre-specified age group in order to obtain coverage for this drug.
- ST: Step Therapy may be required — treatment with certain drugs may be required before these drugs will be approved for coverage.

*\*These coverage qualifications may not apply to your specific plan. Please consult your enrollment materials for specific coverage details of the plan you are being offered.*

## GENERIC

### ADD/ADHD

amphetamine/  
dextroamphetamine  
methamphetamine  
methylphenidate  
pemoline

## PREFERRED BRANDS

ADDERALL XR  
CONCERTA  
DESOXYN  
METADATE CD  
METADATE ER  
RITALIN LA  
STRATTERA

## NON-PREFERRED BRANDS

FOCALIN

### AIDS/HIV

AGENERASE  
CRIVAN  
EMTRIVA  
EPIVIR  
EPZICOM  
FORTOVASE  
FUZEON (PA)  
HIVID  
INVIRASE  
KALETRA  
LEXIVA  
NORVIR  
RESCRIPTOR  
RETROVIR  
REYATAZ  
SUSTIVA  
TRIZIVIR  
TRUVADA  
VIDEX  
VIRACEPT  
VIRAMUNE  
VIREAD  
ZERIT  
ZIAGEN

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS	GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>ALLERGY</b> clemastine cyproheptadine flunisolide hydroxyzine	ASTELIN BECONASE AQ FLONASE NASAREL RHINOCORT AQ SEMPREX-D	ALLEGRA ALLEGRA-D CLARINEX NASACORT NASACORT AQ NASONEX TANAFED DMX ZYRTEC ZYRTEC-D	<b>BIRTH CONTROL**</b> Apri Aranelle Aviane Camila Enpress Errin Junel Junel FE Jolivette Kariva Leena Lessina Levora Microgestin Microgestin FE Mononessa Neon Nortrel Ogestrel Portia Previfem Solia Sprintec Trinessa Trivora Tri-previfem Tri-sprintec Velivet Zovia	ALESSE DESOGEN LOESTRIN LOESTRIN FE NORDETTE ORTHOCEPT ORTHO-EVRA ORTHO-NOVUM 7-7-7 ORTHO TRI-CYCLEN-LO OVCON 35 OVCON 50 OVRAL OVRETTE PLAN B TRI-NORINYL TRIPHASIL YASMIN	ESTROSTEP LEVLEN NUVARING OVCON 35 (chewable tab) PREVEN TRILEVEN
<b>ASTHMA</b> albuterol cromolyn sodium ipratropium solution metaproterenol	ACCOLATE ADVAIR AEROBID AEROBID-M ATROVENT INHALER AZMACORT COMBIVENT FLOVENT FLOVENT ROTADISK INTAL AEROSOL MAXAIR PROVENTIL HFA PULMICORT QVAR SEREVENT (ST) SEREVENT DISKUS (ST) SINGULAIR XOLAIR (PA)	FORADIL XOPENEX	<b>BLADDER PROBLEMS</b> oxybutynin	DITROPAN XL ELMIRON OXYTROL	DETROL DETROL LA
			<b>CANCER</b> tamoxifen citrate	ARIMIDEX FEMARA GLEEVEC (PA) ROFERON-A (PA) TEMODAR (QL)	AROMASIN FARESTON IRESSA (PA) XELODA
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** Please check your enrollment materials to determine whether these drugs are covered under your specific plan.					

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GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS	GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CARDIOVASCULAR</b>					
<b>HIGH BLOOD PRESSURE/HEART MEDICATIONS</b>			<b>CHOLESTEROL LOWERING</b>		
acebutolol	ALTACE	AVALIDE (ST)	cholestyramine powder	LESCOL	ADVICOR
atenolol	COREG (ST)	AVAPRO (ST)	gemfibrozil	LESCOL XL	ALTOPREV
benazepril	COZAAR (ST)	BENICAR (ST)	lovastatin	LOFIBRA	CRESTOR
benazepril/HCTZ	DIOVAN (ST)	BENICAR HCT (ST)		TRICOR	LIPITOR (ST)
bisoprolol	DIOVAN HCT (ST)	BETAPACE AF		NIASPAN	PRAVACHOL
bisoprolol/HCTZ	HYZAAR (ST)	CARDENE SR		VYTORIN	ZETIA
captopril	INDERAL LA	CARTROL		WELCHOL	
digoxin	INNOPRAN XL	CATAPRES TTS		ZOCOR	
diltiazem	LANOXICAPS	COVERA-HS	<b>DEPRESSION</b>		
diltiazem CD	LOTREL	DYNACIRC		EFFEXOR	CELEXA
disopyramide	MAVIK	DYNACIRC CR		EFFEXOR XR	CYMBALTA
doxazosin	MINIZIDE	LEVATOL		PAXIL CR	LEXAPRO
enalapril	NORPACE CR	LEXXEL		bupropion	MARPLAN
enalapril/HCTZ	NORVASC	MICARDIS (ST)		bupropion SR	PROZAC WEEKLY
felodipine	PROCANBID	MICARDIS HCT (ST)		citalopram	REMERON SOL-TABS
fosinopril	TARKA	MONOPRIL		desipramine	TOFRANIL-PM
isosorbide dinitrate	TIKOSYN	MONOPRIL HCT		doxepin	
isosorbide mononitrate	TOPROL XL	PLENDIL		fluoxetine	
labetalol	UNIRETIC	SULAR		fluvoxamine	
lisinopril		TEVETEN		imipramine	
metoprolol		TEVETEN HCT		mirtazapine	
nadolol		VASCOR		nefazodone	
nifedipine		VERELAN PM		nortriptyline	
nifedipine ER				paroxetine	
prazosin				trazodone	
pindolol			<b>DIABETES</b>		
procainamide				ACCU-CHEK BRAND	ACTOS (ST)
propranolol				TEST STRIPS	AMARYL
quinapril/HCTZ				AVANDAMET (ST)	GLYCRON
quinidine				AVANDIA (ST)	GLYSET
sotalol				FORTAMET	STARLIX
terazosin				GLUCOPHAGE XR	
timolol				HUMALOG	
verapamil				HUMULIN	
verapamil SR				LANTUS	
				NOVOLIN	
				NOVOLOG	
				NOVOLOG MIX	
				ONE TOUCH TEST STRIPS	
				PRANDIN	
				PRECOSE	
<b>BLOOD THINNER/ANTI-CLOTTING</b>					
heparin (QL)	ARIXTRA (QL)	AGGRENOX			
ticlopidine	FRAGMIN (QL)	AGRYLIN (PA)			
warfarin	INNOHEP (QL)	PLETAL			
	LOVENOX (QL)				
	PLAVIX				

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GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
<b>EYE CONDITIONS</b>			<b>HORMONE REPLACEMENT</b>		
carbachol ciprofloxacin levobunolol pilocarpine pilocarpine/epinephrine timolol	ACULAR ALOMIDE ALPHAGAN P AZOPT BETIMOL BETOPTIC S CILOXAN (ointment) IOPIDINE LIVOSTIN PATANOL TOBRADEX TRAVATAN TRUSOPT VIGAMOX VOLTAREN XALATAN ZADITOR	ACULAR PF ALAMAST ALOCRIL ALREX COSOPT EMADINE LOTEMAX TIMOPTIC DROPERETTE	estradiol estrogens, esterified estropipate levothyroxine medroxyprogesterone thyroid	ALORA ANDRODERM ANDROGEL CYTOMEL DOSTINEX (QL) ESTRADERM ESTRATEST ESTRATEST H.S. LEVOTHROID LEVOXYL MENEST PREMARIN PREMARIN LOW DOSE PREMPHASE PREMPRO PREMPRO LOW DOSE PROMETRIUM SYNTHROID TESTIM TESTODERM UNITHROID VIVELLE	ACTIVELLA CENESTIN COMBIPATCH FEMHRT FEMRING ORTHO-PREFEST VAGIFEM
<b>GROWTH HORMONES</b>			<b>INFECTIONS</b>		
	HUMATROPE (PA) NUTROPIN (PA) NUTROPIN AQ (PA) NUTROPIN DEPOT (PA)	GENOTROPIN (PA) NORDITROPIN (PA) TEV-TROPIN (PA)	acyclovir amantadine amoxicillin amoxicillin/clavulanate ampicillin cefaclor cefaclor ext. rel. cefadroxil cefuroxime cephalexin cephradine ciprofloxacin clindamycin dicloxacillin doxycycline erythromycin erythromycin/ sulfisoxazole fluconazole (QL: 150 mg only) griseofulvin metronidazole	ACTIMMUNE (PA) BIAXIN XL CEFZIL CIPRO HC OTIC EPIVIR HBV FLOXIN OTIC GRIFULVIN GRIS-PEG LAMISIL (PA, QL) LEVAQUIN MYCOSTATIN LOZENGES OMNICEF PEGASYS (PA) PRIMSOL VALTREX VFEND (PA) ZITHROMAX (QL)	AUGMENTIN AUGMENTIN ES-600 AUGMENTIN XR AVELOX CEDAX DYNABAC FAMVIR FLAGYL ER HEPSERA INFERGEN (PA) KEFTAB LORABID MAXAQUIN MONUROL NEGRAM PEG INTRON (PA) PENETREX PENLAC (PA) REBETRON (PA) RELENZA (QL) ROFERON-A (for hepatitis only) (PA) <i>(continued)</i>
<b>HEARTBURN/ULCER</b>					
cimetidine famotidine metoclopramide misoprostol nizatidine omeprazole ranitidine sucralfate	PREVACID (PA) PROTONIX (PA) ZANTAC SYRUP	ACIPHEX (PA) HELIDAC NEXIUM (PA) PEPCID RPD PREVPAC ZANTAC EFFERTABS/ PACKETS ZEGERID (PA)			

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS	GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>INFECTIONS (CONTINUED)</b>			<b>PAIN RELIEF &amp; INFLAMMATORY DISEASE</b>		
minocycline nitrofurantoin nystatin ofloxacin penicillin v potassium rimantadine SMX/TMP tetracycline		SPORANOX (PA, QL) SUPRAX TAMIFLU (QL) TEQUIN VANTIN ZAGAM ZYVOX (PA)	butorphanol nasal (QL) diclofenac etodolac flurbiprofen ibuprofen indomethacin ketoprofen ketorolac (PA, QL) meclofenamate morphine SR nabumetone naproxen oxaprozin piroxicam sulindac tolmetin tramadol	ACTIQ (PA) AVINZA DURAGESIC (QL) HUMIRA (PA) KADIAN MSIR OXYCONTIN (QL)	ARTHROTEC ENBREL (for rheumatoid arthritis only) (PA) FENTANYL ORALET KINERET (PA) NAPRELAN PONSTEL TALWIN COMPOUND VICOPROFEN ZYDONE
<b>MIGRAINE</b>					
acetaminophen/ caffeine/butalbital	D.H.E. 45 (QL) IMITREX (QL) MIGRANAL (QL) ZOMIG (QL) ZOMIG ZMT (QL)	AMERGE (QL) AXERT (QL) FROVA (QL) MAXALT (QL) MAXALT MLT (QL) RELPAK (QL)			
<b>MULTIPLE SCLEROSIS</b>			<b>PARKINSON'S DISEASE</b>		
	BETASERON (PA) COPAXONE (PA)	AVONEX (PA) REBIF (PA)	amantadine bromocriptine carbidopa/levodopa carbidopa/levodopa SA pergolide	APOKYN (PA) REQUIP	COMTAN MIRAPEX TASMAR
<b>NAUSEA AND VOMITING</b>			<b>PROSTATE</b>		
prochlorperazine promethazine trimethobenzamide	KYTRIL (inj.) (PA) ZOFTRAN (QL) ZOFTRAN C (inj.) (PA) ZOFTRAN ODT (QL)	ANZEMET (QL) EMEND (QL) KYTRIL (tab) (QL) MARINOL SCOPACE	doxazosin prazosin terazosin	PROSCAR (AGE)	AVODART FLOMAX
<b>OSTEOPOROSIS</b>			<b>SCHIZOPHRENIA</b>		
	EVISTA FOSAMAX MIACALCIN (PA)	ACTONEL FORTEO (PA) SKELID	clozapine haloperidol loxapine thiothixene	MOBAN RISPERDAL SEROQUEL ZYPREXA	ABILIFY GEODON
			<b>SEIZURE</b>		
			carbamazepine clonazepam gabapentin valproate	DEPAKOTE DIASTAT DILANTIN GABITRIL (ST) KEPPRA LAMICTAL NEURONTIN (solution) TEGRETOL XR TOPAMAX TRILEPTAL ZONEGRAN	CARBATROL NEURONTIN (tabs & caps)
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## GENERIC

## PREFERRED BRANDS

## NON-PREFERRED BRANDS

## EXCLUSIONS & LIMITATIONS

### SKIN CONDITIONS

betamethasone dipropionate	ACLOVATE (cream)
betamethasone valerate	ALDARA
clobetasol propionate	BENZACLIN
desonide	CLODERM
desoximetasone	CYCLOCORT
diflorasone	DERMA-SMOOTHIE
fluocinolone	DESOWEN
fluocinonide	DIFFERIN (AGE)
isotretinoin (QL)	DOVONEX (ST)
tretinoin (AGE)	KLARON
	LOCOID
	MENTAX
	METROGEL
	METROLOTION
	RETIN-A MICRO GEL (AGE)
	SORIATANE

### MISCELLANEOUS

allopurinol	AMBIEN
amylase/lipase/protease	ARICEPT
azathioprine	COLAZAL
calcitriol	EPIPEN (QL)
desmopressin	EPIPEN JR. (QL)
folic acid	NIMOTOP
leucovorin	PRIFTIN
methotrexate	PROAMATINE
naltrexone (QL)	PULMOZYME (PA)
tizanidine	SOMAVERT (PA)
	SPIRIVA
	SUPPRELIN (PA)
	SYNAREL (PA, QL)
	THALOMID
	TOBI

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any drugs available over-the-counter that do not require a prescription by Federal or State Law, and any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin.
2. Drugs that are therapeutically equivalent as determined by the CIGNA HealthCare Pharmacy and Therapeutics Committee in which at least one of the drugs within the class is available over the counter.
3. Any injectable infertility drugs, and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any drugs that are experimental or investigational, within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances.
7. Any contraceptive drugs and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility drug.
10. Any drugs used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than pre-natal vitamins), dietary supplements and fluoride products.
12. Drugs used for cosmetic purposes, such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
16. Replacement of Prescription Drugs and Related Supplies due to loss or theft.
17. Drugs used to enhance athletic performance.
18. Drugs which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.



*CIGNA reserves the right to make changes to this Drug List without notice. Your plan may cover additional drugs; please refer to your enrollment materials for details. CIGNA does not take responsibility for any medication decisions made by the prescriber or pharmacist. CIGNA may receive payments from manufacturers of certain Preferred Brand drugs, which may or may not be shared with your plan depending upon its arrangement with CIGNA. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan, and other factors as of the date of service, the Preferred Brand drug may or may not represent the lowest cost brand drug within its drug class for you and/or your plan.*

"CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. "Tel-Drug" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., which are also operating subsidiaries of CIGNA Corporation. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.



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